

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90038 010 \*\*\*150.00

**DOCUMENT # P97000101645**

1. Entity Name  
**SO. FLORIDA BUSINESS ASSOCIATES, INC.**

Principal Place of Business <del>10139 NW 31ST ST</del> <del>101</del> <b>CORAL SPRINGS FL 33065</b>	Mailing Address <b>10139 NW 31ST ST</b> <b>101</b> <b>CORAL SPRINGS FL 33065</b>
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2. Principal Place of Business <b>9690 W. Sample Rd.</b>	3. Mailing Address <b>9690 W. Sample Rd.</b>
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Suite, Apt. #, etc. <b>202</b>	Suite, Apt. #, etc. <b>202</b>
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City & State <b>Coral Springs FL</b>	City & State <b>Coral Springs FL</b>
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Zip <del>33065</del>	Country <b>USA</b>	Zip <b>33065</b>	Country <b>USA</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0809520</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SIEGELAUB, STEVEN S**  
~~10139 NW 31ST ST~~ **9690 W. Sample Rd. 202**  
**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>FELLER, JOEL</b> <del>10139 N.W. 31 STREET #101</del> <b>CORAL SPRINGS FL 33065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Feller, Joel</b> <b>9690 W. Sample Rd - 202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>SIEGELAUB, STEVEN S</b> <del>10139 NW 31ST ST</del> <b>CORAL SPRINGS FL 33065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9690 W. Sample Rd. - 202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T</b> <b>NATHANSON, ERIC</b> <del>10139 NW 31 STREET #101</del> <b>POMPANO BEACH FL 33065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9690 W. Sample Rd. - 202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joel H. Feller Joel Feller 1-6-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0128333

CR2E034 (10/00)